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Aerospace Medicine

**MEDICAL EXAMINATIONS AND STANDARDS
VOLUME 1—GENERAL PROVISIONS**

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This instruction implements AFD 48-1, *Aerospace Medical Program* and Department of Defense Directive (DoDD) 1332.18, *Separation or Retirement for Physical Disability*, and DoDD 6130.3, *Physical Standards for Appointment, Enlistment and Induction*, May 1994, DoDI, 6130.4, *Medical Standards for Appointment, Enlistment, or induction in the Armed Forces*, Jan 2005, DoDD 5154.24, *Armed Forces Institute of Pathology (AFIP)*. It establishes procedures, requirements, recording, and medical standards for medical examinations given by the Air Force. It prescribes procedures and references the authority for retiring, discharging, or retaining members who, because of physical disability, are unfit to perform their duties. This instruction applies to all applicants for military service, scholarship programs, Air National Guard and the Air Force Reserve. Active duty flight medicine offices will use the Air Force Reserve Command (AFRC) supplement to this instruction when managing units assigned Reserve Members, and will maintain a copy of the AFRC Supplement when Reserve units are located on the same base.

This instruction requires the collection and maintenance of information protected by the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Authority to collect and maintain records prescribed in this outlined in Title 10, United States Code, Section 8013 and Executive Order, 9397. Privacy Act System Notice F044 AFSG G, Aeromedical Information Management and Waiver Tracking System (AIMWTS), applies. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with AFMAN 37-123, *Management of Records* and disposed of in accordance with the *Air Force Records Disposition Schedule (RDS)* located at <https://afirms.af.mil>. The reporting requirement in this volume are exempt from licensing according to AFI 33-324, paragraph 2.11.10, *The Information Collections and Reports Management Program; Controlling Internal, Public, and Interagency Air Force Information Collections*. Send comments and suggested improvements on AF Form 847, *Recommendation for Change of Publication*, through channels, to AFMOA/SGPA, 110 Luke Avenue, Room 405, Bolling AFB, DC 20032-7050. **Attachment 1** is a list of references and supporting information.

SUMMARY OF CHANGES

This is a major revision and must be completely reviewed. This change incorporates inputs received and related changes in Air Force policy and other guidance since last publication of AFI. This AFI has been separated into four functionally related volumes. This AFI has been revised to include procedures for completing an Air Force Form 422, *Physical Profile Serial Report*. Further guidance on profiling for psychiatric conditions, deployment and Preventive Health Assessment And Individual Medical Readiness (PIMR) are also included. The Air National Guard is unique in the area of medical standards and profile management. The new duties transferring from the deletion of the 4FOX1 career field to the 4E0X1 field (medical standards, profile and waiver management) will be retained by the 4N0X1 or 4A0X1 as structured and decided by the MAJCOM (or equivalent) ARC. The 4E0X1 positions within the ARC are maintained by UTC requirements and these new duties are not deployable missions at this time. If 4E0X1 ARC members called to Active Duty are to perform duties within the Force Health Management section (medical standards related), then a just in time training program must be established at the local level. A bar (|) indicates a revision from the previous edition.

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Chapter 1

GENERAL INFORMATION AND ADMINISTRATIVE PROCEDURES

1.1. Medical Standards. Medical standards and medical examination requirements ensure accession and retention of members who are medically acceptable for military duty.

1.1.1. These standards apply to:

1.1.1.1. Applicants for enlistment, commission, training in the Air Force and Air Reserve Component (ARC), United States Air Force Academy (USAFA), Air Force Reserve Officer Training Corps (AFROTC) (scholarship and non-scholarship), and the Uniformed Services University of Health Sciences (USUHS).

1.1.1.2. Air Reserve Component (ARC) and Health Professions Scholarship Program (HPSP) personnel entering active duty with the Regular Air Force, unless otherwise specified in other directives.

1.1.1.3. Military members and civilians ordered by appropriate Air Force authority to participate in frequent and regular aerial flights.

1.1.1.4. Members of all components on extended active duty (EAD) not excluded by other directives.

1.1.1.5. Members not on EAD but eligible under applicable instructions.

1.2. Medical Examinations. There are various types of medical examinations: Accession, Department of Defense Medical Examination Review Board (DoDMERB), Initial Flying, Preventive Health Assessment (PHA), Flying, Retirement, Separation, DD Form 2697, *Report of Medical Assessment*, and Reserve Component Periodic Health Assessment (RCPHA). Each is conducted and recorded according to the format and procedures prescribed in AFPAM 48-133, *Medical Examination Techniques*. As long as all requirements are met, a medical examination may serve more than one purpose.

1.2.1. A medical examination is required before:

1.2.1.1. Entrance into active military service, ARC, AFROTC, USAFA, and Officer Training School (OTS).

1.2.1.2. Entry into Flying or other special operational duty training.

1.2.1.2.1. Documents forwarded to certification/waiver authority will be electronically submitted (i.e., Physical Examination Processing Program (PEPP)) unless specifically authorized by certification/waiver authority for circumstances in which PEPP and AIMWTS are not utilized or available.

1.2.1.3. Termination of service when specified by AFI 48-123V2, **Chapter 1** of this instruction.

1.2.1.4. As required by **Table A2.1**.

1.2.2. Examiners:

1.2.2.1. A credentialed military flight surgeon with privileges in flight medicine will perform medical examinations on Air Force flying and/or special operational duty personnel. When seen by a non-Air Force flight surgeon, forward the documents (physical assessment, etc.) to the exam-

inee's MAJCOM/SG for review and certification. All aircrew members examined by a U.S. military flight surgeon and found qualified to perform flight duties will be returned to flying status upon completion of their examination.

1.2.2.1.1. Military flight surgeons must be credentialed and privileged at the examining facility and can be of any branch of the military service.

1.2.2.1.2. ANG/SG may delegate review and certification authority to current, trained and designated State Air Surgeon on certain IFCIII, Commission/Enlistment physicals not requiring MAJCOM level waiver and on Active Guard Reserve (AGR-Title 32) physicals.

NOTE: Consult current Tri-Service agreements and MAJCOM/SGPA prior to forwarding examinations.

1.2.2.2. A credentialed physician employed by the armed services (regardless of active duty status, to include TRICARE providers), as well as designated Air Force physician assistants, (Air Force Specialty Code (AFSC) 42G4X) or primary care nurse practitioners (AFSC 46NXC), under the supervision of, and subject to review by a physician, accomplish all other non-flying medical examinations.

1.2.3. Locations. Physical examinations are normally accomplished at the following locations:

1.2.3.1. Medical facilities of the uniformed services, including TRICARE facilities.

1.2.3.2. Military Entrance Processing Stations (MEPS) Examinations.

1.2.3.3. DoDMERB contract sites.

1.2.3.4. Where no AF or DoD MTF exists, Tricare Service agreement providers may accomplish examinations. This may include credentialed providers for military attaché and embassy members.

1.2.3.5. AFMOA/SGPA must authorize exceptions to the above. Exceptions to the above for Temporary Disability Retirement List (TDRL) examinations require HQ AFPC/DPMADS approval.

1.2.3.6. Hospitalization of civilian applicants in military or government hospitals is authorized only when medical qualification for military service or flying training cannot be determined without hospital study and only after authorization by Medical Group Commander.

NOTE: *Except as stated above*, civilian applicants are not eligible for health care in DoD facilities unless they are an authorized beneficiary.

1.2.3.6.1. If additional testing is required to determine accession eligibility for non-beneficiaries, and if the services are available, the Air Force may authorize testing to be accomplished at MTFs or other government agencies.

1.2.3.6.2. In the event a diagnosis, or potential diagnosis of disease is noted during an examination, the examining provider will counsel the applicant and effect transfer of care to the member's private physician. Treatment is not authorized for non-beneficiary applicants; however, every effort to secure positive transfer of care is mandatory in this instance.

1.2.4. Required Baseline Tests:

1.2.4.1. Blood type and Rh factor.

1.2.4.2. Glucose-6-Phosphate Dehydrogenase (G6PD).

1.2.4.3. Hemoglobin-S. Confirm positive results with electrophoresis.

1.2.4.4. Human Immunodeficiency Virus (HIV) Antibody. Confirm repeatedly positive enzyme immunoassay by Western Blot.

1.2.4.5. Pseudoisochromatic Plate (PIP) testing to determine color vision perception.

1.2.4.6. DNA Specimen Collection, for Genetic Deoxyribonucleic Acid Analysis sample storage.

1.2.4.7. Urine Drug Screen. (See DoDI 1010.16, *Technical Procedures for the Military Personnel Drug Abuse Testing Program*.)

1.2.5. Testing Locations. The above tests should be accomplished at the MEPS with the exception of DNA. If tests are not completed at MEPS, accomplish at the following locations:

1.2.5.1. Air Force enlisted personnel at Lackland AFB, Texas, during basic training.

1.2.5.2. OTS personnel at Maxwell AFB, Alabama, during OTS training.

1.2.5.3. Combined Officer Training School (COTS) students at their first permanent duty station.

1.2.5.4. All other entrants (e.g. AFROTC) at their entry point or first permanent duty station.

1.2.5.5. Every effort should be made by ANG units to ensure enlistment physicals are accomplished at MEPS prior to scheduling at ANG Medical Group. Full completion of the MEPS physical is required before submission to ANG units. Certification and Waiver authority remains as described in AFI 48-123V4, Table A2.1.

NOTE: Examiners record the results of these tests on DD Form 2766, *Adult Preventive and Chronic Care Flowsheet*. If accomplished before entering the Air Force, this information will be transcribed from actual medical record or lab forms when the outpatient medical record is first assembled.

1.2.6. Records Transmittal. Transmit reports of medical examination and supporting documents that contain sensitive medical data IAW AFI 41-210, *Patient Administration Functions* and system of records notice FO 44 SG E, Medical Record System and HIPAA guidelines.

Chapter 2

RESPONSIBILITIES

2.1. Air Force Surgeon General (HQ USAF/SG). Establishes medical standards and examination policy.

2.1.1. USAF/SG is the ultimate waiver authority for all medical standards.

2.1.2. USAF/SG may delegate waiver authority in writing to the Aerospace Medicine Consultant, AFMOA/SGPA, or any residency-trained Aerospace Medicine Specialist.

2.2. Air Force Medical Operation Agency (AFMOA/SGPA).

2.2.1. AFMOA/SGPA may delegate waiver authority to MAJCOM/SG level or lower IAW AFI 48-123 V4, Attachment 2. Certification and waiver of medical standards can only be delegated to a licensed physician.

2.3. MAJCOM/SGPA.

2.3.1. Waiver authority as delegated in this AFI.

2.3.2. Liaison between MTF, medical squadrons, or medical groups and AFMOA.

2.4. Medical Treatment Facility, Medical Squadron, or Medical Group Commander.

2.4.1. Ensures timely scheduling and appropriate completion of required examinations and consultations. Unless adequately explained delays are documented, examinations shall be completed not more than 30 days after they have begun.

2.4.2. Ensures medical documents are filed in the health record and a complete copy filed within the section, IAW AFI 41-210.

2.4.3. MDG leadership determines which Primary Care Element will perform examinations for non-enrolled patients where required. Consult applicable directives and agreements for beneficiary benefits and restrictions on non-military examinees.

2.5. Aerospace Medicine Squadron/Flight Commander/ANG State Air Surgeon:

2.5.1. Ensures quality of medical examination process.

2.5.2. ANG State Air Surgeon serves as local Aeromedical certification/waiver authority for selected initial and trained flying personnel when so designated by ANG/SG and AFI 48-123 V4, Attachment 2.

2.6. Senior Aerospace Medicine Physician (SGP):

2.6.1. The MTF/CC IAW AFI 48-101, *Aerospace Medical Operations*, appoints in writing the SGP. This individual should be a credentialed flight surgeon and must have active privileges in flight medicine at the MTF.

2.6.2. Serves as the MTF's senior profile officer and oversees the MEB process.

2.6.2.1. Provides training for medical staff on medical examinations and standards, to include profiling procedures as described in AFI 48-123 V2, Chapter 4 and AFI 48-123 V4, Attachments 3 and 4.

2.6.3. Serves as the local aeromedical certification and waiver authority when so designated by AFI 48-123 V2, Attachment 2 or MAJCOM/SGP written appointment.

2.6.4. Serves as the installation subject matter expert on medical standards and physical qualifications. The SGP is the installation focal point in handling matters of medical standards application and resolving problems associated with conducting assessments, documentation and required follow-up of complicated or sensitive cases, and other matters that may call for resolution.

2.6.5. Ensures commanders are aware of the fitness of the force.

2.7. Primary Care Elements (to include Flight Medicine):

2.7.1. Perform professional and paraprofessional clinical aspects of PHA exams for empanelled and assigned patients. (Installations may have contract Occupational Health Programs provide Occupational Health Services for their assigned population.). Enter results of required tests and examinations into the appropriate electronic database/program (PIMR, Air Force Complete Immunization Tracking Application (AFCITA), PEPP, AIMWTS, etc).

2.7.2. Non-flight medicine Primary Care Elements complete professional and paraprofessional clinical aspects of non-flying exams and/or assessments, to include those studies necessary to determine fitness for various clearances, special duty assignment profiling actions, overseas assignments, medical evaluation boards, retraining, etc.

2.7.2.1. Refer to AFI 36-2104, *Nuclear Weapons Personnel Reliability Program (PRP)* to determine applicable procedures.

2.7.2.2. Complete additional clinical follow-ups or consultations needed to finalize physicals and/or assessments or clearance.

2.7.3. Clinical. Clinical follow-ups for flying and special duty personnel are the responsibility of the Flight Medicine Primary Care Management (FM PCM) team; this includes interim waiver evaluations as requested in AIMWTS. Interim evaluations must be performed and tracked by the FM PCM team.

2.7.4. Provide any required follow-ups (including but not limited to communicable disease, occupational health, deployment surveillance, profile management, and clinical preventive services) on enrolled or assigned patients.

2.7.5. Review PIMR status and determine qualification for retention and continued service IAW AFI 48-123 V2, Attachment 2 and deployment qualifications IAW AFI 48-123 V4, Attachment 5 during each encounter.

2.7.5.1. Ensure PIMR is updated upon every encounter.

2.7.5.2. All providers must determine if the reason for the current encounter is related to deployment, whether the member is now worldwide qualified, whether the member is deployable, and whether the member needs to be placed on a profile. The provider will then utilize the profile system as described in AFI 48-123 V2, Chapter 4.

2.7.6. Flight Medicine Responsibilities: Complete all clinical components of flying, special operational duty and occupational health exams and/or assessments.

2.7.6.1. Ensure an effective grounding management program is maintained.

2.7.6.2. Initiate, track, and conduct follow up/interim evaluations or studies of all flying and Special Operational Duty waivers, to include entry into AIMWTS.

2.7.6.3. Flight Surgeons are responsible for all required aeromedical summaries.

2.7.6.4. Flight Surgeons will act as occupational health consultants for all PCM teams.

2.7.6.5. Ensure an appropriate number of team members (based upon local need), both flight surgeons and 4NOX1 technicians, are certified to conduct FAA examinations IAW AFI 48-101.

2.7.7. Initiate line of duty (LOD) determination, AF Form 348, *Line of Duty Determination*, IAW AFI 36-2910, *Line of Duty (Misconduct) Determination* as appropriate.

2.8. Public Health Function (Force Health Management) Note: These functions are performed by a 4N for ARC, as they do not have a FHM function (see ARC supplements for further clarification).

2.8.1. Is charged with the administrative oversight of PIMR and medical standards issues IAW AFI 48-101.

2.8.2. Performs administrative quality reviews of physical examinations, profiles, and appropriate clearances before these documents are forwarded/leave the facility (except routine PHAs, and MEBs).

2.8.3. Keeps Primary Care Elements, medical facility executive leadership, unit health monitors, unit deployment managers, and unit as well as installation leadership informed of PIMR (to include PHA, IMR, Occupational Health Examinations, and Immunizations) requirements and current status for all active duty and assigned civilian employees (as applicable).

2.8.3.1. Ensures Primary Care Elements are notified of the physical examination requirements.

2.8.3.2. Identifies any required physical examination documentation and data entry, and assist with scheduling exams for all non-enrolled patients requiring physical examinations.

2.8.4. For non-enrolled examinees, AFROTC, OTS applicants and ARC members, serves as the initial point of contact for examination requirements and scheduling to include RCPHA. For all examinees requiring initial physical examinations, serves as the initial point of contact.

2.8.5. Manages and perform all Occupational Hearing Conservation audiograms (except at bases where separate Occupational Health sections are already established outside of PH) IAW AFOSH Standard 48-20, *Hearing Conservation Program*.

2.9. Member's Commander. Ensures the member is available for and completes examination including required follow-up studies and final disposition.

2.10. Member. Meets scheduled medical appointments as directed. Informs unit supervisor of required follow-up evaluations and appointments. Reports all medical/dental treatment obtained through civilian sources or any medical condition that hinders duty performance to the appropriate military medical authority. See AFI 48-123 V2, Chapter 5 for additional guidance regarding ARC members.

2.11. Member's Supervisor. Actively supports this AFI and coordinates with MTF personnel to ensure completion of examinations and follow-up testing of their subordinates. Ensures temporary medical and occupational restrictions are complied with until the process is completed.

Chapter 3

TERM OF VALIDITY OF MEDICAL EXAMINATIONS

3.1. Term of Validity of Reports of Medical Examination:

3.1.1. Reports. Reports of medical examination are considered administratively valid as follows:

3.1.1.1. Enlistment. Within 24 months of date of entry on active or ARC duty.

3.1.1.2. Commission:

3.1.1.2.1. Civilian Applicants. Within 24 months of date of entry on active or ARC duty.

3.1.1.2.2. Military and AFROTC Applicants. Within 24 months of date of commission.

3.1.1.2.3. Entry into Professional Officers Course (POC) and for AFROTC scholarship. Within 24 months of date of entry in training.

3.1.1.2.4. Entry into active duty in a non-rated status. Within 24 months of date of entry.

3.1.1.2.5. Air Force Academy. Within 24 months of date of Academy entry.

NOTE: The validity period for initial qualification and commissioning examinations performed by DODMERB and MEPS may be extended for an additional two years beyond the original expiration date. However, an annual interval health survey and HIV/Drug screen within two years of commissioning must be accomplished. Cadets with significant medical changes require complete commissioning physical.

3.1.1.2.6. Officer Applicants for Conditional Reserve Status (CRS). When required, within 24 months from the date of application.

3.1.1.2.7. ARC members. Applicants accessed into the ARC from any service component may use a current DD Form 2697 and their last PHA (completed within the last 12 months) or Preventive physical exam (SF 88, Report of Medical Examination or DD Form 2808, Report of Medical Examination) dated within the last 24 months and SF 93, Report of Medical History (or DD Form 2807-1, Report of Medical History) dated within the last 24 months to satisfy this requirement.

3.1.1.2.8. Active duty members who are applying for commission and have a current PHA require only an updated AF Form 422.

3.1.2. Flying Training. Examination (Flying Classes I and IA) must be current within 48 months prior to starting Undergraduate Flying Training (UFT). Medical history (SF 93/DD Form 2807-1) must be verified as current within 12 months prior to start of training.

3.1.2.1. Undergraduate Pilot Training (UPT) applicants must meet Flying Class I standards to be eligible for entry into the Medical Flight Screening (MFS) program.

3.1.2.2. All UPT applicants must pass MFS prior to beginning undergraduate pilot training.

3.1.2.3. Pilot and Navigator candidates must have a current, certified Flying Class I/1A examination, respectively, on record and meet Flying Class II standards to begin UFT.

3.1.2.4. A PHA is conducted prior to beginning active flying Undergraduate Flying Training (UFT). This PHA done for UFT purposes only is valid for two years or until the end of the first

birth month following graduation from UNT or Introduction to Fighter Fundamentals and through pipeline Flight Training Upgrade (FTU) (whichever is longer).

3.1.3. Banked Status. UFT graduates waiting upgrade training and aviation service codes (ASC) 5J flyers are inactive, but are required to meet Flying Class II standards through annual PHAs with the flight surgeon.

3.1.4. Inactive flyers that do not receive flying pay and hold an ASC of 6J, 6L, 7J, 8J, and 9J, (see AFI 48-123 V3, paragraph 3.1.1.) are not required to maintain Flying Class II standards as outlined in AFI 48-123 V3, Attachment 5.

3.1.5. Individuals selected to attend UFT and currently assigned to a non-rated position pending UFT report date. If the start of the UFT will be more than 48 months from the date of the original flying class I or IA physical, a new flying class I or 1A exam will be required with certification by HQ AETC/SGPS. The requirements outlined in **paragraph 3.1.2.** and its sub-paragraphs apply.

3.1.6. Initial examinations, including Flying Class III, Flying Class II (Flight Surgeon Duties), Ground Based Controllers (including RPA Sensor Operators and ground based operators of man-portable, non-weapon delivering small UAV (MP-UAV) unless other AFSC specific standards apply) and Space and Missile Operations Duty (SMOD) are valid within 24 months of entry into training. If the certified physical examination will expire during formal technical training, the examination may be extended by the local SGP up to 48 months from the date of the initial certified examination, after which a PHA is required.

3.1.7. General Officers, Aircrew, Special Operational Duty, and ARC Personnel. Medical examinations are valid for one year or as specified in **Attachment 2.**

3.1.8. Active Duty (AD) personnel Preventive Health Assessments (PHA) are valid for one year. AF/SG or delegate as dictated by mission requirements may extend this expiration. (See **Table A2.1.**)

3.1.9. Ground Based Controllers and SMOD are valid for one year as specified in **Attachment 2.**

3.1.10. Physiological Training/Operational Support (ASC 9C) clearance examinations. These examinations are valid until the end of the birth month of the next year from the date accomplished.

3.1.11. RCPHA with associated paperwork less than 12 months.

NOTE: ARC members involuntarily ordered to EAD with the regular AF do not need a physical examination since they need only meet AFI 48-123 V2, Attachment 2 standards. Most recent preventive health assessment can be used for determining suitability to be mobilized.

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SURGEON GENERAL

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

DoDD 1332.18, *Separation or Retirement for Physical Disability*

DoDD 6130.3, *Physical Standards for Appointment, Enlistment and Induction*, May 1994

DoDD 5154.24, *Armed Forces Institute of Pathology (AFIP)*

Title 32, *United States Code*

AFI 36-2104, *Nuclear Weapons Personnel Reliability Program*

AFI 36-2910, *Line of Duty (Misconduct) Determination*

AFI 41-210, *Patient Administration Functions*

AFI 48-101, *Aerospace Medical Operations*

AFI 48-123 Vol 2, *Medical Examinations and Standards – Accessions, Retention and Administration*

AFI 48-123 Vol 3, *Medical Examinations and Standards – Flying and Special Operational Duty*

AFI 48-123 Vol 4, *Medical Examinations and Standards – Special Standards and Requirements*

AFMAN 37-123, *Management of Records*

AFPAM 48-133, *Physical Examination Techniques*

AFPD 48-1, *Aerospace Medical Program*

AFOSH STD 48-20, *Hearing Conservation Program*

Abbreviations and Acronyms

AETC—Air Education and Training Command

AFCITA—Air Force Complete Immunization Tracking Application

AFI—Air Force Instruction

AFMOA—Air Force Medical Operation Agency

AFMOA/SGPA—Air Force Medical Operation Agency, Aerospace Medicine Directorate

AFPC—Air Force Personnel Center

AFRC—Air Force Reserve Command

AFROTC—Air Force Reserve Officer's Training Corps

AFSC—Air Force Specialty Code

AGR—Active Guard Reserve

AIMWTS—Aeromedical Information Management Waiver Tracking System

ANG—Air National Guard (Previously, Air National Guard Readiness Center)

ARC—Air Reserve Components (ANG, IMA and unit reservists)

ARC SURGEON—HQ AFRC/SGP for unit assigned and IMA members of the Air Force Reserve; ANG/SGP for guardsmen

ARPC—Air Reserve Personnel Center

DoD—Department of Defense

DODD—Department of Defense Directive

DODMERB—Department of Defense Medical Examination Review Board

EAD—Extended Active Duty

ECG—Electrocardiogram

FAA—Federal Aviation Administration

HIV—Human Immunodeficiency Virus

HIPAA—Health Insurance Portability and Accountability Act

HQ AFRC/SGP—Headquarters Air Force Reserve Command, Aerospace Medicine Division

HQ USAF/SG—Headquarters United States Air Force Surgeon General

IMR—Individual Medical Readiness

MAJCOM—Major Command

MEB—Medical Evaluation Board

MEPS—Military Entrance Processing Station

MFS—Medical Flight Screening

MP-UAV—Man Portable- Unmanned Aerial Vehicle

PCM—Primary Care Manager

PEPP—Physical Examination and Processing Program

PHA—Preventive Health Assessment

PIMR—Preventive Health Assessment And Individual Medical Readiness

RCPHA—Reserve Component Periodic Health Assessment

RDS—Records Disposition Schedule

SMOD—Space and Missile Operations Duty

UFT—Undergraduate Flying Training

UNT—Undergraduate Navigator Training

UPT—Undergraduate Pilot Training

USAFA—United States Air Force Academy

USAFR—United States Air Force Reserve. Includes unit assigned reservists and Individual Mobilization Augmentees (IMA)

Attachment 2

PREVENTIVE HEALTH ASSESSMENT (PHA)

Table A2.1. Preventive Health Assessment.

Scope Criteria	Preventive Health Assessment	
Category	Frequency	Qualification
All officers and airmen on flying status or special operational duty as defined by this instruction; includes Aviation Service Code (ASC) ending with "K."	Accomplish PHA with flight physical within a maximum of 6 months preceding the last day of the member's birth month. (See Notes 1 and 3 below)	Flying Class II or III or special operational duty as defined by this instruction. Type of examination: PHA for AD members or RCPHA for ARC members with appropriate occupational examination.
All officers and airmen not on flying status or special operational duty and inactive flyers (ASC: 6J, 7J, 8J, or 9J) as defined by this instruction.	Accomplish PHA 12 months after member's last PHA. (See Note 2, 3 below) (ANG members: see notes 3 and 4 below):	Retention Type of examination: Preventive Health Assessment (PHA), with appropriate occupational exam for active duty only. ARC members: PHA or RCPHA as appropriate with appropriate occupational examination.
General officers	Flyers or special operational duty: Accomplish PHA within a maximum of 6 months preceding the last day of the member's birth month. Non-Flyers and inactive flyers: Accomplish PHA 12 months after member's last PHA.	Flying Class II, III, or retention as appropriate. Type of Examination: PHA with provider visit for active duty members with appropriate occupational examination. ARC members: RCPHA with appropriate occupational examination.
Operational Support Flying Physiological Training Personnel to include members requiring chamber training. Hyperbaric Medicine Personnel. Aviation Service Code 9C Personnel.	Accomplish PHA within a maximum of 6 months preceding the last day of the member's birth month.	Type of examination: PHA with appropriate occupational examination as specified in AFI 48-123 V3, Attachment 5.5. ARC members: RCPHA

Category	Frequency	Qualification
Ground Based Controllers (non-flying).	Accomplish PHA within a maximum of 6 months preceding the last day of the member's birth month. Where FAA certification is required, the PHA can be accomplished at the same time as the annual FAA examination.	Ground based controller duties. Type of examination: PHA or RCPHA as appropriate with appropriate occupational examination sufficient to ensure AFI 48-123 V3, Attachment 2 standards are met. Controllers must be seen by a flight surgeon annually.
Space and Missile Operations Duty.	Accomplish PHA within a maximum of 6 months preceding the last day of the member's birth month.	Type of examination: PHA or RCPHA as appropriate with appropriate occupational exam-ination.

NOTES:

1. When military contingencies (e.g. deployments) preclude accomplishing a PHA before the end of the birth month, the PHA term of validity may be extended up to 6 months, on an as-needed basis. This waiver authority is delegated to MAJCOM/SGPA. Controversial cases should be deferred to AFMOA/SGPA. Extension beyond 6 months must be referred to AFMOA/SGPA.
2. When military contingencies (e.g. deployments) preclude accomplishing a PHA within 12 months of a previous PHA, the AF/SG may extend the PHA term of validity on an as-needed basis.
3. ANG officers being considered for promotion to general or promotion within the general officer ranks must undergo an RCPHA within 6 months of the recognition board. Forward a copy of the promotion medical examination to: ANG/SGPA, 3500 Fetchet Avenue, Andrews AFB, MD 20762-5157.
4. ARC members may use any ancillary lab/medical test results from their private health care provider provided it was accomplished within the last 11 months. Examinations may be accomplished 6 months prior to expiration. For ANG: Accomplish RCPHA within maximum of 6 months preceding expiration.